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PATENT, TRADEMARK
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To: Examiner R.M. Camby
Group Art Unit 3661, USPTO

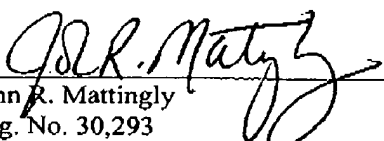
From: Mr. John R. Mattingly
MATTINGLY, STANGER, MALUR & BRUNDIDGE, P.C.

Re: USSN 10/549,814
Attorney Docket No.: KAS-263

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following listed documents are being facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below:

**Transmittal; and
Amendment.**


John R. Mattingly
Reg. No. 30,293

January 21, 2009
Date

Total Number of Pages (including cover sheet): _____

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Form PTO-1083

Patent

In RE application of Y. FURUNO et al

Case Docket No. KAS-263

Serial No.: 10/549,814

Group Art Unit: 3661

Examiner: R.M. Camby

For: DIAGNOSTIC INFORMATION PRESENTING APPARATUS,
DIAGNOSTIC INFORMATION DISPLAY SYSTEM, AND
DIAGNOSTIC INFORMATION PRESENTING METHOD FOR
CONSTRUCTION MACHINE

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

(Col. 1) Claims Remaining After Amendment	(Col. 2) Highest No. Previously Paid For	(Col. 3) Present Extra	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
			Rate	Additional Fee		Rate	Additional Fee
Total	Minus	**	X 25	\$		X 50	\$
Indep.	Minus	***	X 100	\$		X 200	\$
			X 180	\$		X 360	\$
			Total	\$	OR	Total	\$

☐ First presentation of Multiple Dependent Claims

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$_____.
- ☐ A Credit Card Payment Form in the amount of \$_____ is attached for
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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By:

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Attorney for Applicant(s)

Date: January 21, 2009

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KAS-263

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Yoshinori FURUNO et al.

Confirmation No. 7660

Serial No.: 10/549,814

Filed: September 19, 2005

For: DIAGNOSTIC INFORMATION PRESENTING APPARATUS,
DIAGNOSTIC INFORMATION DISPLAY SYSTEM, AND
DIAGNOSTIC INFORMATION PRESENTING METHOD FOR
CONSTRUCTION MACHINE

Group: 3661

Examiner: R.M. Camby

AMENDMENT

Mail Stop Amendments
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated October 21, 2008, please amend the
above-identified application as follows.

Amendments to the Claims

Remarks are included following the amendments.